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FLOOR DEBATE

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LB 1060

SENATOR CUDABACK: Thank you, Mr. Clerk. Senator Don Pederson, Chairman of the Appropriations Committee, you're recognized to open.

SENATOR D. PEDERSON: Thank you, Mr. President. As the Clerk has mentioned, on Monday we received a letter from the Governor announcing his vetoes on various measures within the package that we submitted to him. And we determined that the first thing that we would do is meet as a committee that same night, which we did, 7:00 that night, and talk about the issues. And our two lead fiscal analysts were there at the meeting with the Governor's representatives when they talked about what was being vetoed and why. And we heard the entire scenario on the multipage document that was submitted to you. We saw where the Governor was making various vetoes and why, and that there were offsets to most of those vetoes. So I said, let's don't make any opinions until we hear what the rationale was for these vetoes. Then the next day, our committee met and recognized this is a deficit year, not a major budget year. We did that last year. But...so we were just talking about additions to the budget and we evaluated the Governor's proposal and quite candidly, I'd say universally, we thought that the Governor had been very fair with what we had submitted to him for consideration. With that in mind, we looked over all of the appropriations that had been reduced and one of them caught our eye. And that was the one that dealt with the community health centers. And I don't know how many of you are really familiar with the community health centers, what they are, what they do, but there are five of them in the state. And these five health centers, there are two in Omaha, one in Scottsbluff, one in Lincoln, and one in Columbus. And primarily these health centers deal with people who generally are either uninsured or have very little resources with which to respond to medical treatment. And so this kind of fits hand in glove with what our Medicaid Task Force Reform Committee had come up with, and that is that if we're going to cut down some of the costs of Medicaid in this state, we need to have an economical place in which some of this treatment can take place. Because if it doesn't take place there, then they go to the hospital. Or if they don't go to the hospital, they go to a specialist and, you know, not to